# **CANDIDATE / OFFICEHOLDER REPORT:**

DE	SIGNATION OF FINAL REPORT	FORM C/OH - FR
The	Instruction Guide explains how to complete this form.	
- c	omplete only if "Report Type" on page 1 is marked "Final Report"	7. 11. 18
1 C/O	INAME II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 ACCOUNT # (Bartes Convenientes Seral
	Michael W. Mito) /a toc	
3 SIGI	NATURE	
l de	o not expect any further political contributions or political expenditures in connection with my candid	dary I understand that dealers at a
con	eport as a final report terminates my campaign treasurer appointment. I also understand the tributions or make any campaign expenditures without a campaign treasurer appointment on file.	it I may not accept any campaign
	and a second appointment on the	1 1
	Signature or	Candidate Officeholder
		V S MOSHOLEGI
4 FILE	R WHO IS NOT AN OFFICEHOLDER  mplete A & B below only if you are a candidate	
A.	CAMBAIGALTHINA	
~	CAMPAIGN FUNDS	•
Che	ck only one:	
	I do not have unexpended contributions or unexpended interest or income earned from politics	il contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political supervised of unexpended earned on political contributions.	
	or unexpended interest or income earner on political contributions losses then six years	ot retain unexpended contributions
	understand that I must dispose of unexpended political contributions and unexpended inter- contributions in accordance with the requirements of Election Code, § 254.204.	est or income earned on political
	The second will the requirements of Election Code, § 254.204.	
В.	ASSETS	
Cher	ek only one:	
	•	
لبسا	I do not retain assets purchased with political contributions or interest or other income from poli	itical contributions.
	I do retain assets purchased with political contributions or interest or other income from political	contributions. I understand that I
	may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in action Code, a 254 254	political contributions to personal cordance with the requirements of
	Election Code, § 254.204.	
	////	
	// \\ \_\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ure of Candidate
		ure or carryonaes o
OFFIC	EHOLDER	: *
- Com	plets this section <i>only</i> if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not he	
	A 2000 COLUMN AND AND AND AND AND AND AND AND AND AN	ve a compaign treasurer on file.
	Signetu	re of Officeholder
		İ

P.O. Box 12070

# **CORRECTION AFFIDAVIT** FOP

FORM COR-C/OH

FOR PARTONIC ANTONIC						
	See backside for instructions  CANDIDATE/OFFICEHOLDER  A 11: 18					
S	See backside for instru	uctions			7001 IIS -	3 A. II. 10
1	ACCOUNT#		Total pages filed:			
3	CANDIDATE /	TITLE FIRST Mrc hae		11/91	OFFI	CE USE ONLY
	OFFICEHOLDER NAME	NICKNAME MIKE / LAST /		SUFFIX	Date Received	
4	ORIGINAL REPORT TYPE	30th day before election 15th da	Other	(specify)	Date Hand-deliver	red or Date Postmarked
		8th day before election Final re			Receipt #	Amount
5	ORIGINAL	Month Day Year	Month Da	:	Legal	Totals
	PERIOD COVERED	April/27/200/ THROL	IGH JUL /30	/200/	Date Processed	
					Date Imaged	
6	EXPLANATION OF CORRECTION	Adding si	gnature	to Le	ction	d
7	AFFIDAVIT	ARY PURISHALLOW	report is true an promptly after le or affirm, under	nd correct and the aming of the em	at I am filing t or(s) in the ori ry, that I did n	that this corrected this corrected report ginal report. I swear, ot intend to violate a al report.
Sworn to and subscribed between the by Michael Yaks this the 3 <sup>rd</sup> day of Tugust, 2001, to certify which, witness my hand and seal of office.						
	Melinda S. lop	ver Milinda	S. lipiz	<b>L</b> A	e Notan	/
s	Signature of officer administering	g cath Printed name of offic	er administering oath	Title of	officer administer	ing oath
1	_		( Th	Fl	Damant C.	

# CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR

	DES	SIGNATION OF FINAL REPORT ANTONIC	)	
	The in	struction Guide explains how to complete this form. 10 0 3: 5		
1	C/OH N	IAME	2 ACCOUNT #(Ethics Commission filers)	
3	3 SIGNATURE			
	a rep	ot expect any further political contributions or political expenditures in connection with my ort as a final report terminates my campaign treasurer appointment. I also understabilities or make any campaign expenditures without a campaign treasurer appointment of the state of t	and that I may not accept any campaign	
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are a candidate ••		
	A.	CAMPAIGN FUNDS		
	Chec	k only one:		
		I do not have unexpended contributions or unexpended interest or income earned from	political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned or also understand that I must file an annual report of unexpended contributions and that or unexpended interest or income earned on political contributions longer than six ye understand that I must dispose of unexpended political contributions and unexpended contributions in accordance with the requirements of Election Code, § 254.204.	n political contributions to personal use. I I may not retain unexpended contributions ars after filing this final report. Further, I	
	В.	ASSETS		
	Chec	k only one:		
I do not retain assets purchased with political contributions or interest or other income from political		I do not retain assets purchased with political contributions or interest or other income	from political contributions.	
		I do retain assets purchased with political contributions or interest or other income from may not convert assets purchased with political contributions or interest or other incoluse. I also understand that I must dispose of assets purchased with political contribution Election Code, § 254.204.	me from political contributions to personal	
			Signature of Candidate	
5	OFFIC	EHOLDER	<u>=</u>	
	Com	plete this section <i>only</i> if you are an officeholder ••		
		F1.1	k with a	
		I am aware that I remain subject to filing requirements applicable to an officeholder who do	es not have a campaign treasurer on file.	
		<del></del>	Signature of Officeholder	

#### Austin, Texas 78711-2070 1-800-325-8506 P.O. Box 12070 (512)463-5800 Texas Ethics Commission IVED CANDIDATE / OFFICEHOLDER OFFICE SAM ANTONIO FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT# 2 Total pages filed: The C/OH INSTRUCTION GUIDE explains how to complete (Ethics Commission filers) this form. 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX ADDRESS / PO BOX; ZIP CODE CANDIDATE / OFFICEHOLDER **ADDRESS** Date Hand-delivered or Date Postmarked Change of Address CAMPAIGN **TREASURER** Receipt # Amount NAME SUFFIX Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN TREASURER ADDRESS (Residence or business) **CAMPAIGN** TREASURER PHONE (2/0) 8 REPORT TYPE 15th day after campaign treasurer January 15 30th day before election appointment (officeholder only) 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) 9 PERIOD THROUGH COVERED ELECTION TYPE 10 ELECTION Special Primary Runoff OFFICE SOUGHT (if known) 11 OFFICE 13 NOTICE .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. •• **CAMPAIGN EXPENDITURE** BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Suite #; City;

**GO TO PAGE 2** 

additional pages

CANDIDA' SUPPORT	TE / OFFICE **	CEHOLDER .S	REPORT:	ANTOQ	FORM C/OH OVER SHEET PG 2
14 C/OH NAME			Z001 JUL 18		ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
	COMMITTEE TYPE	COMMITTEE NAME	se.		
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREAS	URER NAME		
additional pages		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
17 NO REPORTABLE ACTIVITY	Check here if n	o reportable activity occurred d	uring this reporting period. (Sign	n affidavit below and	submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTION S, LOANS, OR GUARANTE	S OF \$50 OR LESS (OTHER ES OF LOANS), UNLESS IT	R THAN FEMIZED	\$
		POLITICAL CONTRIBUTHAN PLEDGES, LOANS, (	TIONS OR GUARANTEES OF LOAN	NS)	\$
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES	OF \$50 OR LESS, UNLESS	SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDIT	JRES		\$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF AL Y OF THE REPORTING PE	L OUTSTANDING LOANS A	AS OF THE	\$
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  AFFIX NOTARY STAMP / SEAL INFORMATION  AFFIX NOTARY STAMP / SEAL INFORMATION  MICHAEL MARKS  I SWEAR, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL INFORMATION AND AND AND AND AND AND AND AND AND AN					
Sworn to and subscrib	41	he saidify which, witness my ha	<del></del>	, thi	s the /b/h day
Minda S. I.	ministering cath	Mylinda Printed pame of office	S. lipet	Nota	Moer administering oath

1-800-325-8506

Austin, Texas 78711-2070

## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

RECEIVED OF SA CANTEN	FORM C/OH
RELECTION	SHEET PG 1
CITY OF STOLERY	<b>O</b>

		CITYCITYC	TEKN
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filerspp. 2)	2 Fota 2 a des 5 led:
3 CANDIDATE/ OFFICEHOLDER	Mr, Michael	JW.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	"Mike" //e tes		
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / POBOX: APT / SUITE #: CO	CITY; STATE; ZIP CODE	
Change of Address	1/:	78209	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	TITLE FIRST	MI	
NAME	Mr. Michael	W.	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	"Mike" / Ye te s	" CTATE.	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SU 201 Allensworth	St.	ZIP CODE
(Legidelico A	San Antonia Texa	er 78209	
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(210) 804 -	2147	
8 REPORTTYPE	January 15 30th day before election	ion Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 & 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year  03 /27 / 200/	DUGH $O4/25$	Year / 2 00 /
10 ELECTION	ELECTION DATE  Month Day Year  Primary		General Special
* OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	
11 OFFICE	Note	\ <del>-</del>	ly of San Antonio
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures are campaign expenditures are required to disclose this information	penditures made by others without the cand	
EXPENDITURE BY OTHER INDIVIDUALS	Name Name		
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GO ТО	PAGE 2	Secretary of the second

# P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission RECEIVED FORM COH CITY OF SANCATOR SHEET PG 2 **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

14 C/OH NAME	Michael	W. M. to " /2 te 2001 APR 2 615 F	OCOUND (Ethics Commission filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	FROM may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(3)					
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
Gostonal pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit below and	d submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL (OTHER	\$			
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED .	\$		
	4. TOTAL	. POLITICAL EXPENDITURES	\$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
19 AFFIDAVIT					
	MOAS LONG	I swear, or affirm, under penalty of perjur is true and correct and includes all inform me under Title 15, Election Code.			
Signature of Candidate or Officeholder					
AFFIX NOTARY STAM		the said Michael W. Later , the	nis the 26 day		
of Arri, 20 , to certify which, witness my hand and seal of office.					
Minus S. Lo	Signature of officer administering oath  Notice  Notic				

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION This form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Mr Michael	W	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date neceived
4 CANDIDATE / OFFICEHOLDER ADDRESS		CITY: STATE; ZIP CODE	
Change of Address	San Antonio, Toxes	5 78209	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST Michael	/ W.	Receipt # Amount
	"Mike" Yater	SUFFIX	Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE): APT/SUI	7.	ZIP CODE
	San Antonio, To	Txes 78209	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER $(20)$ $904-2$	EXTENSION	
8 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROL	Month Day	Year / 200 /
10 ELECTION	Month Day Year ELECTION TYP	_	General Special
11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (if known	City of San Antonio
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exper Candidates are required to disclose this information of	nditures made by others without the can only if they receive notification of the dire	didate's prior consent or approval
BY OTHER INDIVIDUALS	Name		
additional pages	Address Box; Apt. / Suite #; City; State; Z	Zip Code	
	A OL OF SAN ANTONIO	PAGE 2	

1-800-325-8506

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	re/ W.	"Mike" Ye tes	15 ACCOUNT # (Ethics Commission filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••				
· · · · · · · · · · · · · · · · · · ·	COMMITTEE TYPE	COMMITTEE NAME No re			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE					
ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidavit bek	ow and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$					
: 	4. TOTAL POLITICAL EXPENDITURES \$				
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
19 AFFIDAVIT					
		I swear, or affirm, under penalty of pe is true and correct and includes all in:			
VERONICA A. JACKSON  NOTARY PUBLIC STATE CF TEXAS  My Comm. Exp. 98-15-2001					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
Maria X	Manay X. Metary SAN ANIONIE Y - Jackson Notary				
Signature of officer administering oath 3/13) Tinted lame of officer administering oath  Title of officer administering oath					